Hypercalcaemia – cause uncertain

Common causes are

- Primary hyperparathyroidism
- Malignancy
- Drugs
- Other causes are rare and generally require endocrine assessment

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Past medical and family history
- Current drug therapy (and previous lithium use)

Investigations Required

- Total and corrected serum calcium – repeat fasting if borderline
- Serum PTH, PO4, ALP and 25OH vitamin D, creatinine
- Second void fasting morning spot urine for calcium and creatinine
- DEXA if minimal trauma fracture or loss of height

Fax Referrals to

GP Plus Marion	7425 8687	GP Plus Noarlunga	8164 9199

Red Flags

- Known or suspected malignancy – if confirmed as the cause of hypercalcaemia refer to oncology or relevant surgical unit
- Nausea, vomiting, dehydration, weight loss or diminished conscious state
- Corrected serum calcium >3 mmol/L
- Rapid renal function deterioration
- Recurrent renal calculi
- Pancreatitis

Suggested GP Management

- Ensure hypercalcaemia is real by using corrected serum calcium
- Cease potential exacerbating drugs (e.g. thiazides , calcitriol – lithium if safe to do so)
- Maintain hydration

Clinical Resources

- Therapeutic Guidelines Endocrinology Version 6 (2018) https://tgldcdp.tg.org.au/viewTopic?topicfile=hyperparathyroidism

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au

Identifier: CC1.2713

Version	Date from	Date to	Amendment
1.0	Sept 2014	Sept 2016	Original
2.0	Aug 2021	Aug 2023	Edited document

Government of South Australia
SA Health